

Application or Docket Number

Enective October 1, 2003								TO.	/ อ	072	24
	•	CLAIMS	AS FILED	) - PART							
T	OTAL CLAIM	<u> </u>	(Colur			lumn 2)	SMALI TYPE	ENTITY	O!		R THAN
_					•	RAT	E FEE		RATE	<del>-,</del> -	
,FOR			NUMBE	NUMBER FILED		BER EXTRA	BASIC			<del></del>	<del></del>
T	OTAL CHARG	EABLE CLAIMS	18 п	18 minus 20= *				->6+0	2 OF	BASIC FE	<del></del>
IN	DEPENDENT	CLAIMS			,		XS 9	=	OF	X\$18=	
	<del></del>	ENDENT CLAIM		minus 3 =			X43:	=	OF	X86=	
-		· · · · · · · · · · · · · · · · · · ·					-145		7		
·	f the difference	ce in column 1 i	s less than	an zero. enter "0" in column 2			TOTA		OF	`L	<del> </del>
	(	CLAIMS AS	AMENDE	D - PART	T II			540 605			<u></u>
		(Column 1)		(Column 2) (Column 3)			SMAI	L ENTITY			RTHAN
⋖		GLAIMS REMAINING		HIGH		(Column 3)	) <del>, </del>	-	OR ¬	SMALL	ENTITY
		AFTER AMENDMENT		PREVIO	USLY	PRESENT EXTRA	RATE	ADDI- TIONAL	AL	RATE	ADDI- TIONA
AMENDMENT	Total	*	Minus	PAID F	OR	<del> </del>		FEE		ļ <del></del>	FEE
	Independent	1.	Minus	<del> </del>		= =	XS 9=		OR	X\$18=	
∢	FIRST PRES	ENTATION OF N			CLAIM		X43=		OR	X86=	
							+145=		OR	+290=	1.
				•			TOTA	ıL	┥	TOTAL	<del> </del>
		(Column 1)		<b></b>			ADDIT. FE	E	JOR	ADDIT. FEE	
		CLAIMS	T	(Colum		(Column 3)					
		REMAINING AFTER	1	NUMB	ER	PRESENT		ADDI-	]		ADDI-
		AMENDMENT	ļ	PREVIOU PAID F		EXTRA	RATE	TIONAL		RATE	TIONAL
AMENDMEN	Total		Minus		<u> </u>			FEE	-		FEE
	Independent	•	Minus	***		=	XS 9=		OR	X\$18=	
	FIRST PRESE	NTATION OF MI			CLAIM	1-	X <b>43</b> =		OR-	X86=	
		T AVAILA					+145=		OR	+290=	
	DLO		ilder /				ADDIT. FEE		OR .	TOTAL	
_		(Column 1)	•	(Column	21.	(Column 2)	AUDII. FEE	·	,	ADDIT. FEE	<u> </u>
l		CLAIMS . REMAINING		HIGHES		(Column 3)		· · · · · · · · · · · · · · · · · · ·			
		AFTER	Ì	NUMBE PREVIOU		PRESENT		ADDI-			ADDI-
		AMENDMENT		PAID FO		EXTRA ·	RATE	TIONAL	1 1	RATE	TIONAL
	Total	•	Minus	••		=	VED	FEE	ŀ		_ FEE_
	<b>Ind</b> ependent		Minus	***		=	X\$ 9=		OR	X\$18=	·
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									ÖR	X86=	
If the entry in Calumn 1 is loss than it									OR	+290=	
THE SPACE IS LESS THAN 200 OF THE THE SPACE IS LESS THAN 200 OF THE TOP TO									L	TOTAL	
T	ne "Highest Num!	nuer Previously Paid ber Previously Paid	id For IN THI:   For (Total ~	S SPACE is le	ss than	3, enter 13 1	ADDIT. FEE		OR A		
_	•	ber Previously Paid	( FORM OF	nebeudeut)	is the i	nighest number f	ound in the app	oropriate box	in colu	mn 1	